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Investigation of Impostor Phenomenon in Relation to Perfectionism in Pakistani Working Women

Rutaba Muneer, *Saima Masoom Ali, PhD & Asbah Zia, PhD

Department of Psychology, University of Karachi, Pakistan

Generally women have been shown to possess impostor feelings more often than men but there is a gap in the local literature examining the impostor phenomenon and perfectionism in working women. It was hypothesized that severity of impostor phenomenon will be different in women from different occupations and there is a relationship between perfectionism and impostor phenomenon. In a quantitative correlational survey research design a total of 200 participants were taken from various workplace settings i.e., universities, hospitals, factories etc. Clance Impostor Phenomenon Scale (CIPS) and the Multidimensional Perfectionism Scale (MPS) were used to collect data. The one-way ANOVA revealed a significant difference in impostor scores between different professions where nurses and doctors had higher levels of impostor phenomenon as compared to corporate workers. The Pearson correlation analysis showed a significant positive weak relationship between perfectionism and impostor phenomenon. Results and further implications are discussed.

Keywords: Impostor phenomenon, perfectionism, working women, occupation

In Pakistan mostly women don't receive praise and external validation for their efforts in a professional setting, and sometimes even after receiving validation they fear they don't deserve it or aren't competent enough. Such women feel *Impostor Phenomenon (IP)*, waiting to be discovered by others as frauds. The impostor phenomena was first introduced by Dr Pauline Clance (1985) after observing behaviors in clinical setting. It is described as the internal experience of intellectual phoniness in individuals who are highly successful but unable to internalize their success and believe that their success in life is *fake* being due to luck, charm, attractiveness, or extra hard work, rather than believing on objective evidence of their outstanding academic or professional achievements, have a persistent, secret belief that they do not deserve their status or position. (Bernard, Dollinger, & Ramaniah, 2002; Clance & Imes, 1978; Matthews & Clance, 1985).

Nowadays IP is being considered as an independent disposition of personality (Rohrman, 2018; Ross & Krukowski, 2003). The researchers have developed an impostor cycle which consisted of three phases: in the *Phase I* victims experience great doubt, fear, anxiety, and possibly even nightmares, and psychosomatic problems when faced with a project, exam, or other task. *Phase II* is a planning and implementation phase. In this phase they may work very hard and over-prepare, or procrastinate and be forced to work day and night until the task is completed. *Phase III* is the success phase in which following success reinforces the cycle. Impostors may actually believe that suffering must occur together with success (Clance, 1985; Clance & Imes, 1978; Clance & O'Toole, 1987).

When given an achievement related task, Imposters try to avoid possible failure by either procrastinating or over preparing. They often credit their success to effort or luck. Females and males in clinical and non-clinical populations describe Impostor related symptoms such as , self-doubt, fear that they won't meet expectations and sabotaging their own success (Cozzarelli & Major, 1990). Impostor phenomenon is found to be more prevalent in high achieving individuals. Several celebrities and famous persons have reported having impostor feelings throughout their career (Shorten, 2013). Although, several studies have shown that women suffer more from impostor feelings than men (Kumar & Jagacinski, 2006; McGregor, Gee & Posey, 2008).

This may be due to the gender differences in consequences of IP. High achieving men act in line with social stereotyped role such as being assertive and successful when they meet the claims of their occupation, while women face the dilemma of stereotype incongruence. If they act according to the social stereotype, they are viewed as incapable; if they do not, they lose their femininity (Eagly & Karau, 2002). So women unconsciously reduce this uncertainty by devaluing their success (Clance & O'Toole, 1987).

Many people who develop self-doubts or confusion over their abilities, they try to compensate their feelings by being perfect on way ahead. Perfectionism is defined as a personality disposition that sets excessively high standards for performance, strives for flawlessness and is associated with a tendency for overly critical evaluations of one's behavior (Flett & Hewitt, 2002). Hewitt and Flett (1991) have proposed a widely researched multidimensional model of perfectionism. This model could be classified into two categories: self-oriented perfectionism (having irrational expectations and standards for oneself) and socially-prescribed perfectionism (parents or significant others expect and/or push them to be perfect). Self-oriented perfectionism can be described as a form of perfectionism that is intrinsically motivated. While socially-prescribed perfectionism can be described as a form of extrinsically motivated perfectionism.

Research findings show that being concerned over having perfectionism in every bit of work is strongly related with negative consequences i.e. heightened level of stress (Rice & Van Arsdale, 2010), anxiety (Gnilka et al., 2012) and depression (Ashby et al., 2012). According to studies socially-prescribed perfectionism is a maladaptive form of perfectionism associated with negative characteristics, dysfunctional thoughts processes, and impairment in mental well-being such as having anxiety, depression, somatization, and obsessive-compulsive symptoms (Hewitt & Flett, 2004; Pannhausen & Rohrmann, 2020). Conversely, self-oriented perfectionism has been associated with both negative and positive characteristics, processes, and outcomes such as psychopathological symptoms and high self-esteem and goal-attainment (Dudău, 2014; Hewitt & Flett, 2004; Molnar et al., 2006; Powers, Koestner, & Topciu, 2005; Trumpeper, Watson, & O'Leary, 2006).

Recent study showed that perfectionism serves as a plan of action for controlling the feelings of inadequacy generated by inescapable impostor tendencies (Pannhausen & Rohrmann, 2020). Similar to the people who focus on perfectionism, impostors work hard compulsively whereas difference is just a driven force between them i.e., perfectionism is driven by internal pressure to achieve excellence while IP is driven by the internal experience of intellectual phoniness (Cokley et al., 2018). Another study found positive relationship between IP and doubts on their actions or concerns over mistakes while negative relationship between IP and personal standards for adjustable factors of perfectionism (Vergauwe et al., 2015). Some more studies have also shown a link and strong correlation between abnormal perfection (perfectionism) and impostor syndrome (Cowie et al., 2018; Hening & Shaw, 1998; Sakulku & Alexander, 2011; Thompson, Foreman & Martin, 2000).

There is, however, a dire need for research on this topic to provide a foundation for indigenous research. At present there is limited literature exists to support the prevalence of impostor phenomena and its association with perfectionism in the society as reported in researches from other countries, therefore it was essential study to be carried out locally. This study aimed to examine the level of impostor phenomenon is present in the working women and its severity among women from different occupations. Further to evaluate its association with perfectionism. In lieu of the previous literature it is hypothesized that severity of impostor phenomenon will be different in women from different occupations and that there will be an association between perfectionism and impostor phenomenon in these women.

Method

Research Design

This study used cross-sectional correlation research design to compare IP scores of women from different professions. It also examines the correlation between Impostor phenomenon and perfectionism in workingwomen.

Participants

A convenient sample of working women was taken from various workplace settings, such as universities, hospitals, factories etc. The total sample comprised of 200 participants, out of which 22 were teachers (from both schools and universities), 63 nurses, 68 doctors, 10 labor workers (only those labors were included who can read and understand English or someone is available there to translate), 7 pharmacists, 24 corporate workers and 6 belonging to misalliance professional like IT professionals. The ages of the participants were from 18 to 60 years.

Measures

Following measures were used in the current study with the basic demographic information form and informed consent.

Clance Impostor Phenomenon Scale (CIPS)

Impostor tendencies were assessed using the CIPS. The 20 item scale assess fear of evaluation, attributions to luck and fear of failure despite previous success,. The questionnaire uses a 5 point Likert Scale (1 = *not at all true* to 5 = *very true*), with sample items such as *I avoid evaluations if possible; I can give the impression that I am more competent than I really am*. The result is calculated adding the total numbers of the responses to each statement. A total score of 40 or less indicates that the respondent has few Impostor characteristics. A score between 41 and 60, indicates moderate IP experiences where as a score between 61 and 80 means the respondent frequently has Impostor feelings; and a score higher than 80 means the participant often has intense IP experiences. High scores indicate increasing levels of impostor feelings. Additionally, the higher the score, the more frequently and seriously the Impostor Phenomenon interferes in a person's life (Clance, 1986).

Almost Perfect Scale-Revised (APS-R)

The Almost Perfect Scale contains 23 statements using 7-point ratings (1 = *strongly disagree* to 7= *strongly agree*). High scores indicate high level of perfectionism (Slaney, Mobley, Trippi, Ashby, & Johnson, 2001).

Procedure

First permissions were taken from the authors of the scales used in this study and then from the Chairperson of the psychology department for conducting research outside the university. After getting approval Google form was designed for collecting data. It consisted of demographic sheet (to record their age, education & profession), the Clance Impostor Scale (CIPS) and the Almost Perfect Scale Questionnaire. Working women from various settings, such as universities, hospitals, factories were approached for their participation. The participants were informed about their rights to confidentiality and the voluntary nature of their participation. In addition, their written consent was obtained after they were briefed regarding the purpose of the study. . They were then asked to

fill out a Google form sent to them via Gmail. Instructions on how to complete the questionnaire were explained and additional assistance was provided in cases of difficulty and after completion the participants were thanked for their cooperation. After collection the data it was analyzed through the Statistical Package for Social Sciences.

Results

This study attempted to determine whether there was a difference in the degree to which women of different professions felt impostor phenomenon and to determine its relationship with perfectionism. A one-way between participants ANOVA was conducted to compare the severity of Impostor Phenomenon in participants from different occupations, namely teachers, doctors, nurses, pharmacists, corporate workers and labor workers and Pearson Product Moment Correlation was computed to explore its relationship with perfectionism.

Table 1

One-Way ANOVA Showing the Effect of Participants' Occupation on the Imposter Phenomenon (N=200)

Participants' Occupation	Imposter Phenomenon					
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>	η^2
Teachers	22	53.27	12.20	4.18	.001	.10
Nurses	63	61.08	11.12			
Labor Workers	10	59.40	5.46			
Doctors	68	61.29	11.80			
Pharmacist	7	52.86	7.05			
Cooperate Workers	24	52.08	13.32			

Table is showing a significant effect of participants' occupations on their IP score at the $p < .05$ level for the six occupation groups [$F(5, 188) = 4.181, p = 0.001$]. Moreover, Post Hoc analysis with Tukey HSD was used to compute the between group differences.

Table 2

Post Hoc Analysis (Tukey HSD) Showing the Between Group Comparison of Imposter Phenomenon based on Different Occupation of Working Women.

i-j	MD (i-j)	SE	95% CI	
			UL	LL
Nurses > Cooperate Workers	-8.99*	2.75	1.07	16.93
Doctors > Cooperate Workers	-9.21*	2.72	1.36	17.06

The above-mentioned table showed that there is significant differences in the impostor phenomenon among working women based on their occupation where nurses and doctors reported higher levels of impostor phenomenon as compared to cooperate workers ($p < .05$).

Table 3

Pearson Product-Moment Correlation between imposter phenomenon and perfectionism (N=200)

	Perfectionism	<i>p</i>
Imposter Phenomenon	0.36	.00

To see the relationship between impostor phenomenon and perfectionism Pearson product-moment correlation coefficient was computed. There is a weak positive correlation between the two variables, $r = 0.363$, $p < 0.05$.

Discussion

Two areas were explored in present study, first the presence of a difference in impostor phenomenon among women from different occupations, and secondly its relationship with perfectionism. The results showed that there was significant difference in impostor phenomenon scores across different occupations. More specifically, women in the nursing profession and female doctors reported high levels of impostor feelings as compared to women in the corporate sector who reported lesser feelings of impostor phenomenon.

Several researches have demonstrated that IP is most prominent when a person takes on a new job or project (Clance, 1985; Clance, Dingman, Reviere, & Stober, 1995; Harvey & Katz, 1985; Jarrett, 2010; Kets de Vries, 2005; Matthews & Clance, 1985; Young, 2011). It is during these times of change that people become most visible, often with less support and mentoring than they may have had before (Ket de Vries, 2005). This could explain why nurses had high scores of IP because they were newly appointed and most of them were between the ages of 18-24. According to Clance and Imes (1978), IP sufferers need mentors who can validate their abilities, talent, and intelligence, especially when beginning a new job or taking on a new project. They need validation of their performance, even if they do not believe the praise when they get it. Healthcare is a field where errors in work can come with a great cost and the pressure to perform to great standards is high. It is possible that health professionals that succumb to this high pressure might start setting unrealistically high standards for their performance, and by not being able to achieve that level of perfection, experiencing feelings of being an impostor. Research has shown that individuals who score high on IP have a greater fear of failures and making errors. These individuals set rigid high standards for their performance, and in the case of failure, tend to generalize their failure to their entire self-concept (Thompson, Foreman & Martin, 2002). A study by Henning, Ey and Shaw (2002) investigated stress, impostor phenomenon and perfectionism in 477 medical, dental, nursing and pharmacy students. They found that a high number of students were experiencing psychiatric distress and that their levels of distress were strongly associated with perfectionism and impostor phenomenon.

The phenomenon has also been documented in clinical nurse specialists (Arena & Page, 1992), nurse practitioners (Huffstutler & Varnell 2006), pharmacy residents (Sullivan & Ryba, 2020) and physician assistants (Mattie, Gietzen, Davis & Prata 2008; Prata & Gietzen 2007). Studies have also found impostor phenomenon in medical residents (Legassie, Zibrowski & Goldszmidt, 2008; Oriol, Plane & Mundt, 2004). It has been suggested that impostor phenomenon is higher in the fields of academia and medicine, because appearing to have high intelligence is crucial to success in these professions. (De Vries, 2005)

The findings regarding the IP score of corporate working women are not in line with any previous research on this subject. There might be many reasons why these women did not have as high impostor feelings as women in other professions. One of the possible reasons might be

that they have better Core Self-Evaluations. According to Judge and Kammeyer-Mueller (2012), individuals with impostor tendencies have general negative affect and low self-appraisals. Whereas, individuals with positive CSE view themselves in a consistently positive manner across different situations. They perceive themselves to be in control of their lives and as worthy and capable individuals. (e.g., Leary et al., 2000).

Analysis of results also showed the presence of a slight positive correlation between impostor phenomenon and perfectionism as was hypothesized. There are many examples of such findings and the relationship between these two variables has been explained by a number of authors. Kets de Vries (2005) asserts that perfectionism is the root cause of impostor feelings. Impostors set “excessively high, unrealistic goals and then experience self-defeating thoughts and behaviors when they can’t reach those goals”. Impostors’ tendency to ignore positive feedback and set high and realistic standards for their self-evaluation is in line with their perfectionistic tendencies. Like perfectionists, impostors also have a high need to be the best and achieve the best and to be flawless in their achievements. (Imes & Clance, 1984).

Many empirical studies have supported the relationship between impostor phenomenon and perfectionism. Thompson, Davis, and Davidson (1998) found perfectionistic cognitions in subjects reporting high levels of impostor fears. Their cognitions showed a tendency to externalize success, holding high standards for evaluating themselves, generalization of a single failure to their overall self-concept, and a high level of self-criticism. They also compared the cognitive reactions to making mistakes in impostors and non-impostors and found that impostors had a higher concern about their mistakes and a greater tendency to overestimate the number of their mistakes as compared to non-impostors.

In another study by Ferrari and Thompson (2006) the association between perfectionistic self-presentation and impostor feelings was examined. The results showed that impostor fears were slightly positively associated with perfectionistic thoughts about avoiding imperfection, $r = .59$, non-display of imperfection, $r = .57$, and the need to appear perfect, $r = .40$. This means that impostors have a need to appear capable, competent and successful in order to gain respect from others. They don’t prefer to be part of situations in which their personal limitation might be brought out in front of others, so that they can hide their imperfections.

It has been suggested that the main difference between impostors and perfectionists is that perfectionists will not disclose their mistakes to other people because they fear being viewed as imperfect (Frost et al., 1995), while impostors will openly communicate their self-evaluations of their imperfection to others (Ferrari & Thompson, 2006). The reason behind this has been explained by Leary, Patton, Orlando, and Funk (2000) to be self-presentational. They argued that impostors use self-presentation strategies to avoid negative judgment from their peers that might result through their failure by engaging in self-deprecating behaviors, such as minimizing or disregarding praise and positive feedback, or denying that they are as competent as others believe. By doing this they are preserving embarrassment in the chance of a failure.

Thompson, Foreman and Martin (2000) found in a study that as compared to non-impostors, impostors have a higher level of fear of negative evaluation from others. They attributed the need to meet their perception of other people’s standards as the driving force behind their achievement-focused behavior. This perception of social expectation might be a source of perfectionism in impostors, which could be identified as socially-prescribed perfectionism.

Conclusion

The findings of this study supported both hypotheses to be true, the impostor phenomenon was present among women of different professions. It is found higher in nurses and doctors as compared to corporate workers. A weak positive correlation was also found between impostor phenomenon and perfectionism. This correlation is supported by several studies and the main cause of the correlation is identified as setting unusually high standards for oneself and then externalizing any success that is achieved.

Limitations & Recommendations

An obvious limitation is that the number of women taken from each occupation was unequal because of convenient sampling method. There were far less corporate workers as compared to teachers, nurses and doctors. If we could have gathered more data than it would be better for generalizability of this study.

It is recommended for future research that random proportionate sampling be used in order to ensure validity and generalizability of results. It will also be of great interest to compare these findings with future studies done on both working and non-working women so that differences/similarities can be seen as to better help understand the mechanisms and manifestations of the impostor phenomenon in the Pakistan and of course the findings of the study would help our women to realize this personality disposition of IP and to overcome this issue related outcomes.

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